



Idaho Limited Liability Company Reinstatement Form For Office Use Only

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R-FILED 3d form to: It f State File #: 0004827814 tatements

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Reinstatement fee: \$30.00.			Phone: (208) 334-2300	
SOS Control	Number: 4201027	Filing Status: Inactive-Dissolve	d (Administrative)	N ⊘
Limited Liability Company (D)		Date Formed: 03/08/2021	Formation Locale: ID	2
Becker Ag, LL DARREN BEC 4850 E 3400 N	KER	(1) A	dd or Change Mailing Address:	9:39 AM
Registered Ag Darren Becker 4850 EAST 34 MURTAUGH,	00 NORTH	Office (RO) Address: (2) C	hange RA and/or RO Address:	Received
	Note: The Registere		ho address (no postal box). bove, the new agent must sign here to accept the appoint	
These will not be	accepted. Changes here will r	nd addresses of Managers OR Membe not affect the entity mailing address. If	rs. Do NOT put 'same as last year' or 'same as more space is needed, please add an attachme	2Ω above¶ nt. Ω ⊑
These will not be Manager/Member	e accepted. Changes here will r	not affect the entity mailing address. If Business Address	rs. Do NOT put 'same as last year' or 'same as more space is needed, please add an attachme City, State, Zip	abov e Ω nt. Ω
These will not be	accepted. Changes here will r	not affect the entity mailing address. If Business Address	City, State, Zip N. Murtaugh, ID & Murtaugh, ID &	abovent nt. Ω

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00. Sign and date this form and return to the address provided above.